

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	✓	✓	10	06/29/2017	GMHA DIETETIC SERVICES
Follow-up				TIME IN	TIME OUT
Complaint			RATING	9:30 AM	12:15 PM
Investigation			B	SANITARY PERMIT NO.	LOCATION (Address)
Other:				170000689	#250 GOVERNOR CARLOS CAMACHO RD TAMUNING GUAM
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
CAFETERIA			7	641-2259	1
					RISK CATEGORY
					4

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS
<b>Supervision</b>				
1	IN OUT			6
Person in charge present, demonstrates knowledge, and performance duties				
<b>Employee Health</b>				
2	IN OUT			6
Management awareness; policy present				
3	IN OUT			6
Proper use of reporting, restriction & exclusion				
<b>Good Hygienic Practices</b>				
4	IN OUT N/A N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use				
5	IN OUT N/A N/O			6
No discharge from eyes, nose, and mouth				
<b>Preventing Contamination by Hands</b>				
6	IN OUT N/A N/O		X	6
Hands clean and properly washed				
7	IN OUT N/A N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				
8	IN OUT			6
Adequate handwashing facilities supplied & accessible				
<b>Approved Source</b>				
9	IN OUT			6
Food obtained from approved source				
10	IN OUT N/A N/O			6
Food received at proper temperature				
11	IN OUT			6
Food in good condition, safe, and unadulterated				
12	IN OUT N/A N/O			6
Required records available: shellstock tags, parasite destruction				
<b>Protection from Contamination</b>				
13	IN OUT N/A			6
Food separated and protected				
14	IN OUT N/A			6
Food contact surfaces: cleaned & sanitized				
15	IN OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food				

Compliance Status		COS	R	PTS
<b>Potentially Hazardous Food (TCS Food)</b>				
16	IN OUT N/A N/O			6
Proper cooking time and temperatures				
17	IN OUT N/A N/O			6
Proper reheating procedures for hot holding				
18	IN OUT N/A N/O			6
Proper cooling time and temperature				
19	IN OUT N/A N/O			6
Proper hot holding temperatures				
20	IN OUT N/A			6
Proper cold holding temperatures				
21	IN OUT N/A N/O			6
Proper date marking and disposition				
<b>Consumer Advisory</b>				
22	IN OUT N/A			6
Consumer Advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>				
23	IN OUT N/A			6
Pasteurized Foods used; prohibited foods not offered				
<b>Chemical</b>				
24	IN OUT N/A			6
Food additives: approved and properly used				
25	IN OUT			6
Toxic substances properly identified, stored, used				
<b>Conformance with Approved Procedures</b>				
26	IN OUT N/A		X	6
Compliance with variance, specialized process, and HACCP plan				

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS
<b>Safe Food and Water</b>				
27	Pasteurized eggs used where required			1
28	Water and Ice from approved source			2
29	Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>				
30	Proper cooling methods used; adequate equipment for temperature control			1
31	Plant food properly cooked for hot holding			1
32	Approved thawing methods used			1
33	Thermometer provided and accurate			1
<b>Food Identification</b>				
34	Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>				
35	Insects, rodents, and animals not present			2
36	Contamination prevented during food preparation, storage & display			1
37	Personal cleanliness			1
38	Wiping cloths: properly used and stored			1
39	Washing fruits and vegetables			1

Compliance Status		COS	R	PTS
<b>Proper Use of Utensils</b>				
40	In-use utensils: properly stored			1
41	X Utensils, equipment and linens: properly stored, dried, handled			1
42	Single-use/single-service articles: properly stored, used			1
43	Gloves used properly			1
<b>Utensils, Equipment and Vending</b>				
44	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	Warewashing facilities: installed, maintained, used; test strips			1
46	Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>				
47	Hot & cold water available, adequate pressure			2
48	X Plumbing installed; proper backflow devices			2
49	Sewage and wastewater properly disposed			2
50	Toilet facilities: properly constructed, supplied, & cleaned			2
51	Garbage/refuse properly disposed; facilities maintained			2
52	X Physical facilities installed, maintained, and clean			1
53	Adequate ventilation and lighting; designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:
K. DEL MUNDO	6-29-17
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES NO
K. DEL MUNDO	Follow-up Date: 7/10/17

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Division of Environmental Health

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ESTABLISHMENT NAME GMHA DIETETIC SERVICES		LOCATION (Address) 1350 GOVERNOR CARLOS GUTIERREZ RD. TAMUNING
INSPECTION DATE 6/29/17	SANITARY PERMIT NO. 170000689	PERMIT HOLDER EVAN MEMORIAL HOSPITAL AUTHORITY

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
CHICKEN CHALAKILIS / STOVE	208.0	WHITERICE / WARMER / SERVICE LINE	146.5
HOT SOUP / STOVE	178.0	OATMEAL / WARMER / SERVICE LINE	154.5
WHITE RICE / OVEN	187.0	SAUSAGE LINK / WARMER / SERVICE LINE	140.5
BROWN RICE / CHILL UNIT	41.5	CHILL / WARMER / SERVICE LINE	174.0
<del>BROWN</del> BEEF / CHILL UNIT	42.0	VEGETABLE SOUP / WARMER / SERVICE LINE	161.2
RAW CHICKEN / CHILL UNIT	41.5	HAM & CHEESE SANDWICH / CHILL UNIT	41.0
BEEF BROTH / WARMER	183.5	EGG SANDWICH / CHILL UNIT	37.5
ARIS CALDO / WARMER	176.5	SHELLED EGG / WALK-IN CHILL UNIT	38.5
ARIS CALDO / WARMER	188.0	SAUSAGE LINK / MICROWAVE	210.0
VEGETABLE SOUP / WARMER	175.5		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR, QUARTERLY INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION CONDUCTED ON 05/10/17 RESULTED IN SEVEN DEMERITS AND AN "A" RATING. PREVIOUS VIOLATIONS OF ITEM NO. 51 & 52 WERE CORRECTED; ITEM # 26 NOT CORRECTED. THE FOLLOWING VIOLATIONS WERE OBSERVED:-	
0	EMPLOYEE CHANGING TASKS AND GLOVES DID NOT WASH THEIR HANDS IN BETWEEN (COS: PIC APPROACHED EMPLOYEE AND HAD THEM WASH THEIR HANDS). EMPLOYEES SHALL WASH THEIR HANDS PROPERLY WHEN CHANGING TASKS AND GLOVES TO MINIMIZE CONTAMINATION BY HANDS.	COS
26	THE FOLLOWING DISCREPANCIES WERE OBSERVED FOR HACCP LOGS: (1) NO CORRECTIVE ACTION FOR IMPROPER COOLING OF BROWN RICE ON 05/24/17 (2) NO CORRECTIVE ACTION INDICATED FOR IMPROPER TEMPERATURE PRIOR TO REHEATING FOR EGG BEATER @ 124°F (05/23/17), BACON @ 118.2°F (06/21/17), AND BROWN RICE @ 112.4°F (06/21/17). (3) HOT AND COLD HOLDING LOGS INCONSISTENT WITH TEMPERATURE MEASUREMENTS. HACCP LOGS MUST BE THOROUGH AND COMPLETE TO ENSURE FOOD SAFETY MEASURES ARE IMPLEMENTED TO PREVENT FOODBORNE ILLNESS.	7/10/17 (REPEAT)

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) KRISTY JOY MARY	Date: 6/29/17
DEH Inspector (Print and Sign) K. DEL MUNDO	Date: 06/29/17

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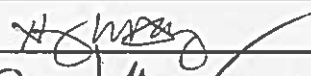
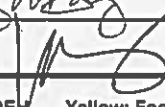
ESTABLISHMENT NAME GMHA DIETETIC SERVICES		LOCATION (Address) #850 EDV. CARLOS CAMACHO RD. TAMUNING, GU
INSPECTION DATE 06/29/17	SANITARY PERMIT NO. 170000689	PERMIT HOLDER GUAM MEMORIAL HOSPITAL AUTHORITY

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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41	SANITIZING SOLUTION STORED NEAR CLEAN EQUIPMENT AND UTENSILS THROUGHOUT FACILITY. CLEAN UTENSILS AND EQUIPMENT SHALL BE STORED AWAY FROM SANITIZING SOLUTION TO PREVENT CONTAMINATION.	07/31/17
48	HANDWASH SINK FROM MALE STAFF RESTROOM LEAKING. ALL PLUMBING FIXTURE <del>FROM</del> <sup>FOR</sup> SHALL BE PROPERLY MAINTAINED TO ENSURE OPERATION OF FIXTURES.	07/31/17
52	GREASE TRAP SHOWS SIGNS OF OVERFLOW. GREASE TRAPS SHALL BE CLEANED AND SERVICES AS OFTEN AS NECESSARY TO PREVENT SEWAGE BACK-UP.	07/31/17
	PICTURES OF VIOLATIONS WERE TAKEN	
	RATING DOWNGRADED DUE TO REPEAT VIOLATION OF ITEM #26.	
	REMOVED "A" PLACARD NO. 02107	
	ISSUED "B" PLACARD NO. 00157 AND RE-INSPECTION REQUEST FORM	
	BRIEFED KRISTY JOY MARY ON ABOVE VIOLATIONS.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) KRISTY JOY MARY 	Date: 6-29-17
DEH Inspector (Print and Sign) K. DEL MUNDO  / K. DUENAS	Date: 06/29/17